

County: Milwaukee
HERITAGE SQUARE HEALTHCARE CENTRE
5404 WEST LOOMIS ROAD

Facility ID: P180

Page 1

GREENDALE 53129 Phone: (414) 421-0088

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 100

Total Licensed Bed Capacity (12/31/00): 100

Number of Residents on 12/31/00: 86

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Average Daily Census:

Corporation

Skilled

Yes

87

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)		%
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	84.9		
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years	11.6		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.3	More Than 4 Years	3.5		
Day Services	No	Mental Illness (Org./Psy)	3.5	65 - 74	12.8				
Respite Care	No	Mental Illness (Other)	1.2	75 - 84	54.7				100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	27.9	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	2.3	Full-Time Equivalent			
Congregate Meals	No	Cancer	5.8		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	14.0		100.0	(12/31/00)			
Other Meals	No	Cardiovascular	22.1	65 & Over	97.7	-----			
Transportation	No	Cerebrovascular	8.1	-----	-----	RNs	20.1		
Referral Service	No	Diabetes	2.3	Sex	%	LPNs	15.9		
Other Services	Yes	Respiratory	12.8	-----	-----	Nursing Assistants			
Provide Day Programming for		Other Medical Conditions	30.2	Male	30.2	Aides & Orderlies			
Mentally Ill	No	-----	-----	Female	69.8				
Provide Day Programming for			100.0	-----	-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care			Percent Of All Residents	
	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem		Total
			Rate			Rate			Rate			Rate			Rate		
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	46	100.0	\$205.89	0	0.0	\$0.00	0	0.0	\$0.00	33	100.0	\$185.80	7	100.0	\$339.50	86	100.0%
Intermediate	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	46	100.0		0	0.0		0	0.0		33	100.0		7	100.0		86	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
				% Needing Assistance of	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%	One Or Two Staff		
Private Home/No Home Health	2.8	Daily Living (ADL)	Independent	57.0		86
Private Home/With Home Health	0.3	Bathing	20.9	61.6	22.1	86
Other Nursing Homes	1.3	Dressing	17.4	68.6	20.9	86
Acute Care Hospitals	95.7	Transferring	19.8	65.1	11.6	86
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	17.4	25.6	17.4	86
Rehabilitation Hospitals	0.0	Eating	66.3	8.1		86
Other Locations	0.0	*****				
Total Number of Admissions	786	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	8.1	Receiving Respiratory Care		11.6
Private Home/No Home Health	32.1	Occ/Freq. Incontinent of Bladder	39.5	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	23.9	Occ/Freq. Incontinent of Bowel	26.7	Receiving Suctioning		0.0
Other Nursing Homes	5.7			Receiving Ostomy Care		2.3
Acute Care Hospitals	18.7	Mobility		Receiving Tube Feeding		3.5
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	11.6	Receiving Mechanically Altered Diets		31.4
Rehabilitation Hospitals	0.1					
Other Locations	11.3	Skin Care		Other Resident Characteristics		
Deaths	8.1	With Pressure Sores	14.0	Have Advance Directives		50.0
Total Number of Discharges		With Rashes	5.8	Medications		
(Including Deaths)	787			Receiving Psychoactive Drugs		52.3

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	Proprietary			100- 199		Skilled		Facilities	
	This Facility %	Peer Group %	Ratio	Peer Group %	Ratio	Peer Group %	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	87.0	74.6	1.17	83.3	1.04	81.9	1.06	84.5	1.03
Current Residents from In-County	89.5	84.4	1.06	85.0	1.05	85.6	1.05	77.5	1.16
Admissions from In-County, Still Residing	8.1	20.4	0.40	19.2	0.42	23.4	0.35	21.5	0.38
Admissions/Average Daily Census	903.4	164.5	5.49	196.7	4.59	138.2	6.54	124.3	7.27
Discharges/Average Daily Census	904.6	165.9	5.45	194.3	4.66	139.8	6.47	126.1	7.18
Discharges To Private Residence/Average Daily Census	506.9	62.0	8.18	76.2	6.65	48.1	10.54	49.9	10.17
Residents Receiving Skilled Care	100	89.8	1.11	91.2	1.10	89.7	1.11	83.3	1.20
Residents Aged 65 and Older	97.7	87.9	1.11	93.9	1.04	92.1	1.06	87.7	1.11
Title 19 (Medicaid) Funded Residents	0.0	71.9	0.00	60.4	0.00	65.5	0.00	69.0	0.00
Private Pay Funded Residents	38.4	15.0	2.55	26.5	1.45	24.5	1.57	22.6	1.70
Developmentally Disabled Residents	0.0	1.3	0.00	0.6	0.00	0.9	0.00	7.6	0.00
Mentally Ill Residents	4.7	31.7	0.15	26.6	0.17	31.5	0.15	33.3	0.14
General Medical Service Residents	30.2	19.7	1.54	22.9	1.32	21.6	1.40	18.4	1.64
Impaired ADL (Mean)	44.2	50.9	0.87	48.7	0.91	50.5	0.88	49.4	0.89
Psychological Problems	52.3	52.0	1.01	50.4	1.04	49.2	1.06	50.1	1.04
Nursing Care Required (Mean)	8.6	7.5	1.14	7.3	1.18	7.0	1.22	7.2	1.20